

**U.S. DEPARTMENT OF AGRICULTURE – FOOD AND NUTRITION SERVICE  
COMPUTER SYSTEM ACCESS REQUEST**

1. USER NAME  <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Other <b>ROAP</b>		2. USDA EAUTH ID	3. DATE OF REQUEST	
4A. ORGANIZATION  4B. ADDRESS	5. PERSONAL INFORMATION  5A. TELEPHONE  5B. DATE OF BIRTH n/a 5C. SOCIAL SECURITY NUMBER (FNS NFC Internal Users Only) n/a 5D. HOME ZIP CODE n/a 5E. EMAIL			
6A. SUPERVISOR	6B. EMAIL	6C. PHONE		
<b>7A. SYSTEM ACCESS SECTION</b>				
<b>SYSTEM NAME (Circle Your Program)</b>	<b>FORM / PAGE</b>	<b>TYPE OF ACCESS</b>	<b>ACTION REQUESTED</b>	<b>LOGIN ID (SECURITY OFFICE ONLY)</b>
School Lunch/Breakfast	Claim	Claim Entry	Add	
Special Milk	Claim	Claim Entry	Add	
Summer Food Service	Claim	Claim Entry	Add	
Child Care Center	Claim	Claim Entry	Add	
Family Day Care	Claim	Claim Entry	Add	
<b>7B. ORGANIZATION ACCESS</b>				
SYSTEM NAME: _____		_____		
8. COMMENTS, SPECIAL INSTRUCTIONS				
<b>9. APPROVALS</b>				
<b>DECISION</b>	<b>DATE</b>	<b>OFFICIALS</b>		<b>PHONE NUMBER</b>
<input type="checkbox"/> Approve <input type="checkbox"/> Deny		a. HQ or Regional Deputy Computer Security Officer		
<input type="checkbox"/> Approve <input type="checkbox"/> Deny		b. Supervisor or Authorizing Official for System: _____		
10. DATE RECEIVED / PERSON			11. DATE COMPLETED	

**INSTRUCTIONS FOR COMPLETING FORM FNS-674**  
**FNS COMPUTER SYSTEM ACCESS REQUEST**  
(Revised 7/12/05)

The following instructions are being provided to assist you in completing the FNS-674 form.

1. **USER NAME** – Print or type name
2. **USDA EAUTH ID** – Print or type ID used to obtain Level 2 account.
3. **DATE OF REQUEST** – self-explanatory
4. **ORGANIZATION** – Print or type name of agency
- 4B. **ADDRESS** – Print or type agency address
- 5A. **TELEPHONE** – Print or type telephone number.
- 5B. **DATE OF BIRTH** – Leave blank; not applicable to CN PAYMENT CENTER
- 5C. **SOCIAL SECURITY NUMBER** – Leave blank; not applicable to CN PAYMENT CENTER
- 5D. **HOME ZIP CODE** – Leave blank; not applicable to CN PAYMENT CENTER
- 5E. **EMAIL** - Print or type your email address
- 6A. **SUPERVISOR** – Print or type name of your supervisor
- 6B. **EMAIL** – Print or type your supervisor's email address
- 6C. **PHONE NUMBER** – Print or type your supervisor's telephone
- 7A. **SYSTEM ACCESS SECTION**  
**SYSTEM NAME** – Please circle your program
- 7B. **SYSTEM NAME** – Print or type **CN PAYMENT CENTER and your 5 digit sponsor number**
8. **COMMENTS, SPECIAL INSTRUCTIONS** – Type or print any comments or special instructions
9. **APPROVALS** – Leave blank; to be completed by Regional Office

Please forward your 674 form to:

USDA, Food and Nutrition Service  
Mercer Corporate Center  
300 Corporate Blvd.  
Robbinsville, New Jersey 08691-1598